

- 4 Pre-Employment
4 Annual Re-Certification
4 Other: _____

Attachment B
CONFIDENTIAL

County of Kaua'i
Department of Personnel Services
4444 Rice Street, Suite 140
Lihue, HI 96766

**CRIMINAL HISTORY RECORD CLEARANCE
TO ACCESS/CARRY/POSSESS FIREARM OR AMMUNITION**
(Implement Title 18, Section 922(g)(9) of the US Code)

Complete the following information. This information will be used to verify the statements provided in the Certification of Qualification Form via appropriate criminal history record checks, which may include access to the records of: the Hawaii Criminal Justice Data Center (HCJDC), Offender Based Tracking System (OBTS); the National Criminal Information Center (NCIC) and/or Federal Bureau of Investigation (FBI); and the military courts.

Full Name: _____
Last First Middle (Full)
Any Alias(es): Former Name(s) Used: _____
Including Maiden Name: _____
Social Security Number: _____ - _____ - _____ Sex: M _____ F _____
Date of Birth: Month: _____ Day: _____ Year: _____
Job Title: _____
Employing Department: _____

In order to insure a complete criminal history record check, you will need to report any and all periods of time that you have resided outside of the State of Hawai'i. Use the attached form to provide this information.

I hereby give my consent and authorize representatives of the Department of Personnel Services, the Kaua'i Police Department, HCJDC, and/or the employing department to conduct a criminal history record check, which may include access to the records of the HCJDC, NCIC, FBI, and/or the military agencies. I understand that this information will be used by the Department of Personnel Services and/or the employing department for the purpose of determining whether I am qualified to be employed in a position, which requires me to access, carry and/or possess firearms and ammunition.

Signature Date

FOR DEPARTMENT USE ONLY

REPORTING AGENCY	NO RECORD FOUND (Initial & Date)	RECORD FOUND, COPY ATTACHED (Initial & Date)
HCJDC		
OBTS		
FBI/NCIC		
MILITARY		

_____ QUALIFIED _____ NOT QUALIFIED

BY _____
Department of Personnel Services Date

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Military Service Information

Branch of Service _____	Service No. _____
Last Rank Held _____	Type of Discharge _____
Services Dates (From & To) _____	Member of Reserve Unit? Yes _____ No _____

List all residences outside of the State of Hawaii, beginning with the most recent out of state address.

- | | | |
|----|-------------------------|----------------------------------|
| a. | _____ | _____ |
| | Number & Street | Dates (Month/Year to Month/Year) |
| | _____ | |
| | City, State, & Zip Code | |
| b. | _____ | _____ |
| | Number & Street | Dates (Month/Year to Month/Year) |
| | _____ | |
| | City, State, & Zip Code | |
| c. | _____ | _____ |
| | Number & Street | Dates (Month/Year to Month/Year) |
| | _____ | |
| | City, State, & Zip Code | |
| d. | _____ | _____ |
| | Number & Street | Dates (Month/Year to Month/Year) |
| | _____ | |
| | City, State, & Zip Code | |

USE ADDITIONAL SHEETS IF YOU HAVE OTHER ADDRESSES TO LIST.